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ABSTRACT

This report presents an overview of health science libraries and the biomedical communications network in Wisconsin, and a list of goals and recommendations related to the role of the state government in the development of health science library services. It is noted that health science libraries in the state range from hospital and academic libraries to nursing home collections and information centers in biomedical businesses. The Wisconsin Health Sciences Library Network, six regional consortia, and library resource sharing and services are briefly described, and the relationship between public and health science libraries is discussed. Recommendations include the strengthening of the state level health sciences library coordinator position at the University of Wisconsin-Madison and the improvement of health science library resource sharing programs through inclusion of library collections in a state union list of serials, development of compatible communication and automation systems, and increased interlibrary loan and reference referral services. Appendices provide a list of health science libraries participating in Wisconsin consortia, a map showing the location of these consortia, an 11-item bibliography, and an extensive report on the results of a March 1982 survey of Wisconsin health science libraries covering library personnel, services, materials, facilities, budgets, and interlibrary lending activities. (ESR)

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REPORT
OF THE
COUNCIL ON LIBRARY AND NETWORK DEVELOPMENT
ON
STATE AIDS TO MEDICAL LIBRARIES IN HOSPITALS

Madison, Wisconsin
December, 1982

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PREFACE

This report was approved by the Council on Library and Network Development. Members of the Council are:

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This report was prepared for the Council by a Subcommittee on Medical/Hospital Aids: Carol Diehl, Chair; Ruth Schmidt; John Sheehy; and Paul Starr.

The Subcommittee on Medical/Hospital Aids received information from the Council of the Wisconsin Health Sciences Libraries Network and included representatives of the Council at some of their meetings. The representatives of the Wisconsin Health Sciences Library Network were: Barbara Schmichen, State Coordinator for Health Science Librarians, University of Wisconsin-Madison, William S. Middleton Health Sciences Library, and Mary Campfield, Director of Libraries, Winnebago Mental Health Institute.

Betsy Merriam was the staff liaison from the Wisconsin Department of Public Instruction, Division for Library Services.

The Council on Library and Network Development is advisory to the Wisconsin Department of Public Instruction and the Division for Library Services.

INTRODUCTION

This report was completed in partial fulfillment of the directive of Wisconsin Statutes, Chapter 347; Laws of 1979 which states:

"Study of aids to medical libraries and system resource libraries. The Council on Library and Network Development shall study the desirability of providing state aids to medical libraries in hospitals and health care institutions and to public library system resource libraries and make recommendations to the state superintendent of public instruction. The council shall make its recommendations and the state superintendent shall transmit the recommendations to the governor and the legislature by December 31, 1982."

The goals and recommendations in this report were developed by a subcommittee appointed by the Council on Library and Network Development with additional information provided by the staff liaison and from representatives of the Council of Wisconsin Health Sciences Libraries Network. The committee looked at health science libraries generally, Wisconsin health science libraries specifically, and the relationship of health libraries with other types of libraries. The first part of the report is a brief overview of health science libraries to provide the context of committee discussions and conclusions. The second part of the report consists of committee goals and recommendations for Wisconsin health science libraries. These recommendations are intended to provide the State Superintendent, the Governor, and the Legislature with direction for the state role in the development of health science library services within the framework of the larger library community in Wisconsin. The appendices contain information regarding committee meetings, materials used by the committee and locations of Wisconsin health science libraries.

OVERVIEW OF HEALTH SCIENCES LIBRARIES

The Biomedical Communications Network

Health science library services are varied in Wisconsin and range from those provided by small hospital libraries, to large academic libraries, to nursing home collections to information centers in biomedical businesses.

The Wisconsin Health Sciences Library Network is the Wisconsin segment of the Midwest Health Sciences Library Network which is part of the nationwide Biomedical Communications Network headed by the National Library of Medicine, Bethesda, Maryland. There are health science resource libraries serving each multi-state region and the National Library of Medicine serves as a national resource library.

Every library or library service in a hospital, health planning agency or other local health related organization is designated a Basic Unit in the Biomedical Communications Network. Basic Unit libraries are the building blocks which make up the foundations of the network. These Basic Units constitute the first line of service to most health care practitioners and in turn to the citizens of the state in the health care delivery system. When Basic Units combine in consortia or other cooperative group efforts, they comprise a powerful resource.

There are six consortia of health sciences libraries in Wisconsin. They are the:

- 1) Fox River Valley Area Library Cooperative
- 2) Northern Wisconsin Health Science Libraries Cooperative
- 3) South Central Wisconsin Health Planning Area Cooperative
- 4) Southeastern Wisconsin Health Science Library Consortium
- 5) West Central Wisconsin Hospital Library Consortium
- 6) Western Wisconsin Consortium

Those libraries which have joined together to form a consortium have been able to provide each other with fast and inexpensive access to many needed resources through interlibrary loan. They also have combined forces to accomplish a great many other projects which Basic Units operating alone could not carry out. Projects include consulting programs, continuing education activities for librarians, and regular meetings at which ideas are exchanged and common problems of individual libraries are discussed. The selection of cooperative activities is based on the characteristics and needs of the individual group. For the most part, these consortia sponsored activities are carried out by the participating librarians, with no outside funding.

Currently in the Network, the voice of individual Basic Units is heard through elected representation on two Councils: the Council of the Wisconsin Health Sciences Libraries Network at the state level and the Council of the Midwest Health Sciences Libraries Network for the newly defined 10-state region.* These Councils are the Network governance structures at the state and regional level; each consortium is represented on the Wisconsin Council by its consortium coordinator. The state level Council elects one of its members to represent Wisconsin Basic Unit librarians on the Regional Network Council.

At present, there are two Resource Libraries in Wisconsin: the Todd Wehr Library, located in Milwaukee at the Medical College of Wisconsin, and the William S. Middleton Health Sciences Library, at the University of Wisconsin-Madison, Center for Health Sciences. The collections and services of Resource Libraries must be large and diverse enough to insure their ability to provide back-up materials and services to Basic Units in and outside of consortia.

* As of January 1, 1983, there will be seven Regional Medical Library programs in the country. The Midwest Health Science Library Network will include Illinois, Indiana, Kentucky, Michigan, Minnesota, North Dakota, Ohio, South Dakota and Wisconsin, and be named the Great Lakes Regional Medical Library Network.

Resource libraries must have a commitment to state and regional development and be involved in the planning and development of the overall regional network. Each Resource Library in Wisconsin has one representative on the State Council and one representative on the Midwest Health Sciences Library Network Assembly of Resource Libraries. The Resource Libraries also communicate with other components of the Wisconsin network through newsletters.

All levels of the Biomedical Communications Network have been supported since 1965 by the Federal Medical Library Assistance Act (MLAA) aid program. An important component of the MLAA has been the development of a national interlibrary loan or document delivery network of health sciences libraries to improve access to health information. Appropriations for MLAA programs have been reduced by Congress in recent years: the 1982 appropriation (\$7.5 million) was a 24 percent reduction from the FY 1981 level. This has necessitated cutting support of such programs as interlibrary loan. The trend is toward lower appropriations and, similar to other federally funded aid programs, the continued authorization of the MLAA program is being scrutinized carefully in each Congressional budget. As Federal dollars have been withdrawn or shifted away from interlibrary loan, Resource Libraries have had to absorb the costs of or charge of interlibrary loan requests from the Basic Units. The charges nationwide vary from about \$2 per loan to \$6 per loan for books. The University of Wisconsin-Madison William S. Middleton Health Sciences Library may be unique in the country as a Resource Library in that it does not as yet charge for Basic Unit book interloan requests from within the state. The Todd Wehr Library, Medical College of Wisconsin, recently implemented a \$2 charge for interloan of monographic materials. The Middleton Library may have to institute a charge on monographic interloans but has tried to avoid this as part of the University of Wisconsin "Wisconsin Idea" of service beyond the campus to citizens throughout the state.

In November of 1981 the National Library of Medicine announced that, because of MLAA reduced support, the Regional Medical Library Network will be reduced to seven regions from the original eleven regions. At this time, the Regents of the National Library of Medicine also reviewed and reaffirmed the statement of mission and program goals of the Regional Medical Library Program. The Regional Medical Library program is a decentralized, national program which is meant to:

"Provide health sciences practitioners, investigators, educators and administrators in the United States with timely, convenient access to health care and biomedical information resources. The Program is coordinated by the National Library of Medicine and carried out through a nationwide network of health-sciences libraries and information centers."

The National Library of Medicine Board also supported Regional Medical Library Program goals which emphasize the provision of current information to health professionals throughout the country, the use of modern technologies to provide this information in a timely, cost-effective manner, and the necessity for cooperation and sharing among health-science libraries and information centers in providing this information.

Wisconsin health sciences libraries

In Wisconsin, the Wisconsin Health Sciences Libraries Network follows the intent of the Medical Library Assistance Act in providing rapid and easy access to current and highly specialized health information materials to all health professionals, regardless of urban or rural location.

In 1982, there were 35 MEDLINE centers in Wisconsin.* Eight are in academic settings, 24 are in hospitals, three are in corporations. Most Wisconsin hospitals have access to MEDLINE either directly, through consortia

* MEDLINE is a national on-line computerized information retrieval program for health and allied health sciences.

or Resource Libraries. Both the Todd Wehr Library at the Medical College of Wisconsin and the University of Wisconsin-Madison William S. Middleton Health Sciences Library do computer data base searches for requests not covered by consortium or local back-up agreements.**

Facts from the Survey of Wisconsin Health Sciences Libraries show that of the 140 hospitals reporting, 84 (60 percent) allowed use of their library collection to non-primary clientele. This could indicate sharing outside of the hospital, to other types of libraries.

The Resource Libraries in Wisconsin also share. These two libraries act as a back-up source of materials for Wisconsin health science professionals and other requestors. For example, from January to June, 1981, the William S. Middleton Health Sciences Library completed 212 manual subject searches for users not among its primary clientele. Of these, 30.18 percent were for other health sciences libraries, 15.09 percent for identified health care providers, while 39.62 percent were for public libraries, and 11.32 percent for individuals. Other searches were for corporations and attorneys. From July through December 1981, 193 manual subject searches were completed with 34 percent done for health science libraries and another 34 percent for public libraries. Identified health care providers received 14 percent while individuals received 12 percent of the total of manual searches completed. The Wisconsin Interlibrary Loan Service received 1 percent of the searches.

These subject searches requested by libraries or individuals are specialized requests requiring professional expertise. They are not "ready reference" types of questions but questions often requiring several hours of research.

** This and other basic information about Wisconsin health sciences libraries can be found in Survey of Wisconsin Health Sciences Libraries. A Summary Report, March 1982, appended to this Report. The Survey also contains information regarding staffing levels, consortium membership, budgets, education and training of staff, and interlibrary activities, to name a few. The Survey information should be studied in conjunction with this Report.

It is important to note that the Middleton Health Science Library is not reimbursed for providing service to public library patrons (except for the 1 percent referred through the Wisconsin Interlibrary Loan Service). These searches have increased from 16 percent of the total completed manual searches in 1978 to 34 percent in 1981.

The Medical College of Wisconsin Todd Wehr Library also shares resources with users outside its primary clientele. In the 1981-82 fiscal year, the Todd Wehr Library loaned 2756 items to outside users, including individuals, corporations, attorneys as well as public, academic and school libraries. The Todd Wehr Library also issued borrower's cards to 325 area university or technical school students not attending the Medical College of Wisconsin. It completed 331 computer searches for individuals, corporations and non-medical school students.

Health science libraries and public library systems

There is no statutory provision for health science libraries or other non-public libraries to join public library systems in Wisconsin. There are, however, possibilities for librarians from all types of libraries to work together with public library systems in a variety of ways.

In Section 43.24(2)(f) and (g) of the Wisconsin Statutes, public library systems are mandated to ". . .develop formal agreements with other types of libraries in the system area, providing for appropriate sharing of library resources to benefit the clientele for all libraries" and ". . .engage in continuous planning (for) . . .furthering cooperative activities among all types of libraries in the system area." (Emphasis added.)

Cooperation among all types of libraries in system areas takes different forms in different parts of the state. In some parts of the state, such as the Wisconsin Valley, librarians from all types of libraries traditionally have been represented on the Library Advisory Committee of the Wisconsin Valley Library Service. This is not a multitype library system, but representatives of librarians from all types of libraries do have a mechanism to meet, talk and plan together for sharing materials. In the Madison area, the Madison Area Library Council was formed before the development of a public library system in the area. The Madison Area Library Council includes libraries of all types in a four county area. Its purpose is to encourage, promote cooperation among all types of libraries and to implement cooperative programs for library resource sharing to benefit the clientele of all participating libraries. In other parts of the state there are other arrangements. Some systems provide some of their services to other types of libraries; e.g., continuing education courses offered to librarians or interlibrary loan among different types of libraries. There are joint hospital library and public library system projects in at least two parts of the state, for the purpose of providing consumer health information to citizens.

However, there are problems. Staffing patterns and budget allocations of hospital libraries in Wisconsin vary considerably. The attached Survey of Wisconsin Health Sciences Libraries shows that staffing and budget resources need to be evaluated: of the 155 hospital libraries reporting, eight hospitals reported no librarian; 29 hospital libraries had no budget. Smaller hospital libraries had greater budget and staffing problems. There is a need for a mechanism by which health providers at small rural hospitals have access to current information and to a health science library consultancy program to supplement and assist hospital library staff.

The Recommendations

The Council on Library and Network Development does not recommend direct state aids to medical libraries in hospitals. Members of the subcommittee which prepared the report concluded that direct state aids for hospital library services were inappropriate for private sector hospitals. In addition, direct state aids for hospitals were not rated as a high priority by representatives of the Wisconsin health sciences library community. There was, however, a consensus among members of the Council on Library and Network Development Subcommittee and representatives of the Wisconsin Health Sciences Library Network in the goals and recommendations of this report.

There are similarities in the Wisconsin Idea tradition, the original purposes of the Medical Library Assistance Act, and the concepts of library cooperation and resource sharing. The Wisconsin Idea affirms a concept whereby a tax supported university provides resources to citizens throughout the state. These resources may be in the form of research products, consultant assistance or up-to-date information shared with citizens. The concept has been expressed as: "The boundaries of the campus are the boundaries of the state." It is in espousing this Wisconsin Idea that the University of Wisconsin-Madison William S. Middleton Health Sciences Library has provided inter-library loans of books at no charge to requestors throughout the state. The Medical Library Assistance Act (MLAA) Regional Medical Library Program emphasizes the provision of up-to-date information to health professionals in the United States, whether urban or rural, for the benefit of the health consumer. Both the Wisconsin Idea and the Regional Medical Library Program stress sharing of information and resources beyond the large information centers in our country, to reach rural, previously unserved areas. In both cases, citizens are the ultimate beneficiary. Library cooperation and resource

sharing programs also are concerned with the patron's access to information in an efficient and timely way. The linking of these concepts has implications for involving all types of libraries, including health sciences libraries, in state library planning so that Wisconsin citizens may have access to all types of information.

The recommendations in this report have a basis in the assumptions held in common by the Wisconsin Idea, the Medical Library Assistance Act and cooperation among all types of libraries. The recommendations focus specifically on strengthening health care information services statewide by providing more comprehensive outreach and consultant services to rural areas and by providing increased access to health care information for Wisconsin health professionals and citizens. The goals and recommendations in the following section address these needs.

GOALS AND RECOMMENDATIONS FOR HEALTH SCIENCES LIBRARIES

IN WISCONSIN

GOAL I

STRENGTHEN AND IMPROVE THE STATE LEVEL HEALTH SCIENCES LIBRARY COORDINATOR POSITION AT THE UNIVERSITY OF WISCONSIN - MADISON WILLIAM S. MIDDLETON HEALTH SCIENCES LIBRARY.

Current Status: A half-time position funded by the Center for Health Sciences, U.W.-Madison. This had been a federally funded position that was picked up partially by the University of Wisconsin budget.

Needs:

- Thorough evaluation of health sciences information services; outreach program for the rural area, incorporating the Wisconsin Idea
- Development of continuing education workshops through the UW - Extension Educational Telephone Network program
- Coordination and expansion of consultant services to Wisconsin hospital libraries
- Planning and coordination with public library systems and other networks to provide and evaluate consumer health information
- Provision of liaison to work with other types of libraries for network planning and resource sharing

RECOMMENDATIONS:

- STATEWIDE COORDINATOR/CONSULTANT SHOULD BE LOCATED AT AND FUNDED BY THE UNIVERSITY OF WISCONSIN - MADISON WILLIAM S. MIDDLETON HEALTH SCIENCES LIBRARY
- A JOINT EFFORT SHOULD BE UNDERTAKEN BETWEEN THE DEPARTMENT OF PUBLIC INSTRUCTION, DIVISION FOR LIBRARY SERVICES AND THE UNIVERSITY OF WISCONSIN SYSTEM TO SUPPORT A STATE-FUNDED FULL TIME POSITION FOR HEALTH SCIENCES SERVICES

GOAL II

STRENGTHEN AND IMPROVE RESOURCE SHARING PROGRAMS INVOLVING HEALTH SCIENCES LIBRARIES, BOTH AMONG THEMSELVES AND WITH OTHER TYPES OF LIBRARIES THROUGH THREE SUBGOALS:

(Subgoals of Goals II will be discussed individually.)

Goal IIA.

INCLUSION OF HEALTH SCIENCES LIBRARY COLLECTIONS IN A STATE UNION LIST OF SERIALS

Current Status: A final decision about a Wisconsin Union List of Serials has not yet been made, either for health sciences libraries or for other types of libraries.

Needs:

- Journal or serials literature is the format most needed and used in the health sciences because of its currency
- Health science librarians need to share resources with one another through health science consortia and, on a voluntary basis, with libraries of other types at the area level
- Health science libraries have non-health related requests (management, law) and therefore need location information about non-health science journals.
- Serials location information is critical for efficient area resource sharing as recommended by the Wisconsin Interlibrary Loan Guidelines, 1980
- Many health science libraries require serials location information off-line products (fiche or paper) as they do not have access to terminals for on-line information

RECOMMENDATIONS:

- THAT HEALTH SCIENCES MATERIALS BE INCLUDED IN STATE AND AREA UNION LISTS OF SERIALS, TO PROMOTE RESOURCE SHARING
- THAT REPRESENTATIVES OF THE WISCONSIN HEALTH SCIENCES LIBRARY NETWORK BE INCLUDED IN PLANNING FOR AREA AND STATE UNION LISTS OF SERIALS
- THAT HEALTH SCIENCE LIBRARIES BE ELIGIBLE FOR STATE OR FEDERAL LIBRARY FUNDS DESIGNATED FOR RESOURCE SHARING PROJECTS FOR THE DEVELOPMENT OF UNION LIST OF SERIALS

Goal IIB.

DEVELOPMENT OF COMPATIBLE COMMUNICATION SYSTEMS AND AUTOMATION PROGRAMS, IN HEALTH SCIENCES LIBRARIES AND ADAPTATION OF THESE PROGRAMS, AS NECESSARY, TO BASIC UNIT (HOSPITAL) LIBRARY NEEDS

Current Status: There is a fragmented approach to statewide planning for communication systems to facilitate interlibrary loan and document delivery. Some planning among different types of libraries for automation (statewide data base, and circulation systems) has been started.

Needs:

- Development, at both statewide and area levels, of compatible communication systems (TWP, TWX, microcomputers) for referral of interlibrary loan and reference referral systems
- Adaptation or development of technologies for the library, e.g. how to get book or journal collections of small libraries on data bases for resource sharing

RECOMMENDATIONS:

- PLANNING FOR COMMUNICATION SYSTEMS AND AUTOMATION SHOULD INCLUDE HEALTH SCIENCES LIBRARIES
- HEALTH SCIENCES LIBRARIES SHOULD BE ELIGIBLE FOR LIBRARY RESOURCE SHARING GRANTS, E.G., LIBRARY SERVICES AND CONSTRUCTION ACT RESOURCE SHARING FUNDS
- HEALTH SCIENCES MATERIALS SHOULD BE INCLUDED ON THE STATE-WIDE DATA BASE OF BOOK MATERIALS

Goal IIC.

STRENGTHEN THE ABILITY OF WISCONSIN HEALTH SCIENCE RESOURCE LIBRARIES TO PROVIDE INTERLIBRARY LOAN AND REFERENCE REFERRAL SERVICES TO HEALTH SCIENCE PROFESSIONALS AND CONSUMERS

Current Status: Health science Resource Libraries provide backup for health science library consortia interlibrary loan requests as well as direct requests from citizens and health care professionals, e.g. 34% of the subject searches for non-primary users at the William S. Middleton Health Science Library have been in response to public library patrons.

Needs:

- Timely and direct access for information in Resource Libraries for health care professionals
- Access to current health care information for all of the people of Wisconsin; to be continued as a state responsibility based on the Wisconsin Idea and should not be based on ability to pay or where the citizen lives
- Replacement of diminished Medical Library Assistance Act funds for interlibrary loan
- Inclusion of Wisconsin Health Science Resource Libraries in the planning environment of the Wisconsin state level resource providers

RECOMMENDATIONS:

- STATE FUNDING SHOULD BE PROVIDED TO ASSIST THE RESOURCE LIBRARIES IN PROVIDING INTERLIBRARY LOAN BACK-UP

Appendix A. Wisconsin Health Sciences Library Consortia

FOX RIVER VALLEY AREA LIBRARY COOPERATIVE

Bellin Memorial Hospital	Green Bay
Berlin Memorial Hospital	Berlin
Calumet Memorial Hospital	Chilton
Door County Memorial Hospital	Sturgeon Bay
Fox Valley Technical Institute	Appleton
Holy Family Hospital	Manitowish
Kimberly-Clark Corporation	Neenah
Lakeshore Technical Institute	Cleveland
Mercy Medical Center	Oshkosh
Moraine Park Technical Institute	Fond du Lac
New London Community Hospital	New London
Northeast Wisconsin Technical Institute	Green Bay
Outagamie County Health Care Center	Appleton
Park View Health Center	Winnebago
Riverside Community Hospital	Waupaca
St. Agnes Hospital	Fond du Lac
St. Elizabeth Hospital	Appleton
St. Mary's Hospital Medical Center	Green Bay
St. Nicholas Hospital	Sheboygan
Sheboygan Memorial Hospital	Sheboygan
Theda Clark Regional Medical Center	Neenah
Two Rivers Community Hospital	Two Rivers
University of Wisconsin-Green Bay	Green Bay
Winnebago Mental Health Institute	Winnebago
Wisconsin Veterans Home	King

NORTHERN WISCONSIN HEALTH SCIENCE LIBRARIES COOPERATIVE

Bayfield County Memorial Hospital	Washburn
Eagle River Memorial Hospital	Eagle River
Flambeau Medical Center	Park Falls
Hayward Area Memorial Hospital	Hayward
Mill Bluff Medical Center	Mauston
Holy Cross Hospital	Merrill
Howard Young Medical Center	Woodruff
Marathon County Health Care Center	Wausau
Marshfield Clinic	Marshfield
Memorial Hospital of Taylor County	Medford
Memorial Medical Center	Ashland
Northwoods Hospital Association	Phelps
Riverview Hospital	Wisconsin Rapids
St. Joseph's Hospital School of Nursing	Marshfield
St. Mary's Hospital	Rhineland
St. Michael's Hospital	Stevens Point
Sacred Heart Hospital	Tomahawk
Sentry Insurance Company	Stevens Point
Northwest Wisconsin Library System	Ashland
Wausau Hospital Center	Wausau
Zimpro, Inc.	Rothschild

SOUTH CENTRAL WISCONSIN HEALTH PLANNING AREA COOPERATIVE

Beaver Dam Community Hospitals	Beaver Dam
Bethesda Lutheran Home	Watertown
Blackhawk Technical Institute	Beloit
Central Wisconsin Center	Madison
Columbus Community Hospitals	Columbus
Dean Medical Center	Madison
Divine Savior Hospital	Portage
Dodge County Mental Health Center	Juneau
Fort Atkinson Memorial Hospital	Fort Atkinson
Institute for Health Planning	Madison
Madison Area Technical College	Madison
Madison General Hospital	Madison
Madison General Hospital School of Nursing	Madison
Memorial Hospital of Iowa County	Dodgeville
Memorial Hospital of Lafayette County	Darlington
Memorial Hospital of Lancaster	Lancaster
Mendota Mental Health Institute	Madison
Mercy Hospital	Janesville
Methodist Hospital	Madison
Monroe Clinic	Monroe
Reedsburg Memorial Hospital	Reedsburg
Richland Center Hospital	Richland Center
Rock County Health Care Center	Janesville
St. Clare Hospital	Baraboo
St. Clare Hospital	Monroe
St. Mary's Hospital Medical Center	Madison
Sauk Prairie Memorial Hospital	Prairie du Sac
Southwest Health Center	Platteville
Stoughton Hospital Association	Stoughton
Watertown Memorial Hospital	Watertown
Waupun Memorial Hospital	Waupun
William S. Middleton Memorial Veterans Hospital	Madison
Wisconsin Department of Health & Social Services	Madison
Wisconsin Hospital Association	Madison

SOUTHEASTERN WISCONSIN HEALTH SCIENCE LIBRARY CONSORTIUM

Blood Center of Southeastern Wisconsin	Milwaukee
Cardinal Stritch College	Milwaukee
Columbia Hospital	Milwaukee
Columbia Hospital School of Nursing	Milwaukee
Community Memorial Hospital	Menomonee Falls
Curative Workshop of Milwaukee	Milwaukee
Good Samaritan Medical Center	Milwaukee
Deaconess Campus	
Lutheran Hospital Campus	Milwaukee
DePaul Rehabilitation Hospital	Milwaukee
Elmbrook Memorial Hospital	Brookfield
Hartford Memorial Hospital	Hartford

SOUTHEASTERN WISCONSIN HEALTH SCIENCE LIBRARY CONSORTIUM

Kenosha Memorial Hospital	Kenosha
Lakeland Counseling Center	Elkhorn
Lakeland Hospital	Elkhorn
Medical Associates	Menomonee Falls
Memorial Hospital	Oconomowoc
Milwaukee Children's Hospital	Milwaukee
Milwaukee County Mental Health Center	Milwaukee
Mount Sinai Medical Center	Milwaukee
New Berlin Memorial Hospital	New Berlin
Northwest General Hospital	Milwaukee
St. Anthony Hospital	Milwaukee
St. Catherine's Hospital	Kenosha
St. Francis Hospital	Milwaukee
St. Joseph Hospital	Milwaukee
St. Luke's Hospital	Milwaukee
St. Luke's Hospital	Racine
St. Mary's Hospital	Milwaukee
St. Michael's Hospital	Milwaukee
Sacred Heart Rehabilitation Hospital	Milwaukee
Trinity Medical Hospital	Cudahy
Veterans Administration Center	Wood
Waukesha Memorial Hospital	Waukesha
West Allis Memorial Hospital	West Allis

WEST CENTRAL WISCONSIN HOSPITAL LIBRARY CONSORTIUM

Baldwin Community Memorial Hospital	Baldwin
Barron Community Memorial Hospital	Barron
Bloomer Community Memorial Hospital	Bloomer
Buffalo Memorial Hospital	Mondovi
Chippewa Valley Area Hospital	Durand
Cumberland Memorial Hospital	Cumberland
Frederic Municipal Hospital	Frederic
Holy Family Hospital	New Richmond
Hudson Memorial Hospital	Hudson
Indianhead Memorial Hospital	Shell Lake
Ladd Memorial Hospital	Osceola
Lakeview Medical Center	Rice Lake
Luther Hospital	Eau Claire
Memorial Hospital	Neillsville
Myrtle Werth Medical Center	Menomonie
Osseo Area Municipal Hospital	Osseo
River Falls Area Hospital	River Falls
Rusk County Memorial Hospital	Ladysmith
Rutledge Home	Chippewa Falls
St. Croix Valley Memorial Hospital	St. Croix Falls
St. Croixdale Hospital	Prescott
St. Joseph's Hospital	Chippewa Falls
Victory Memorial Hospital	Stanley

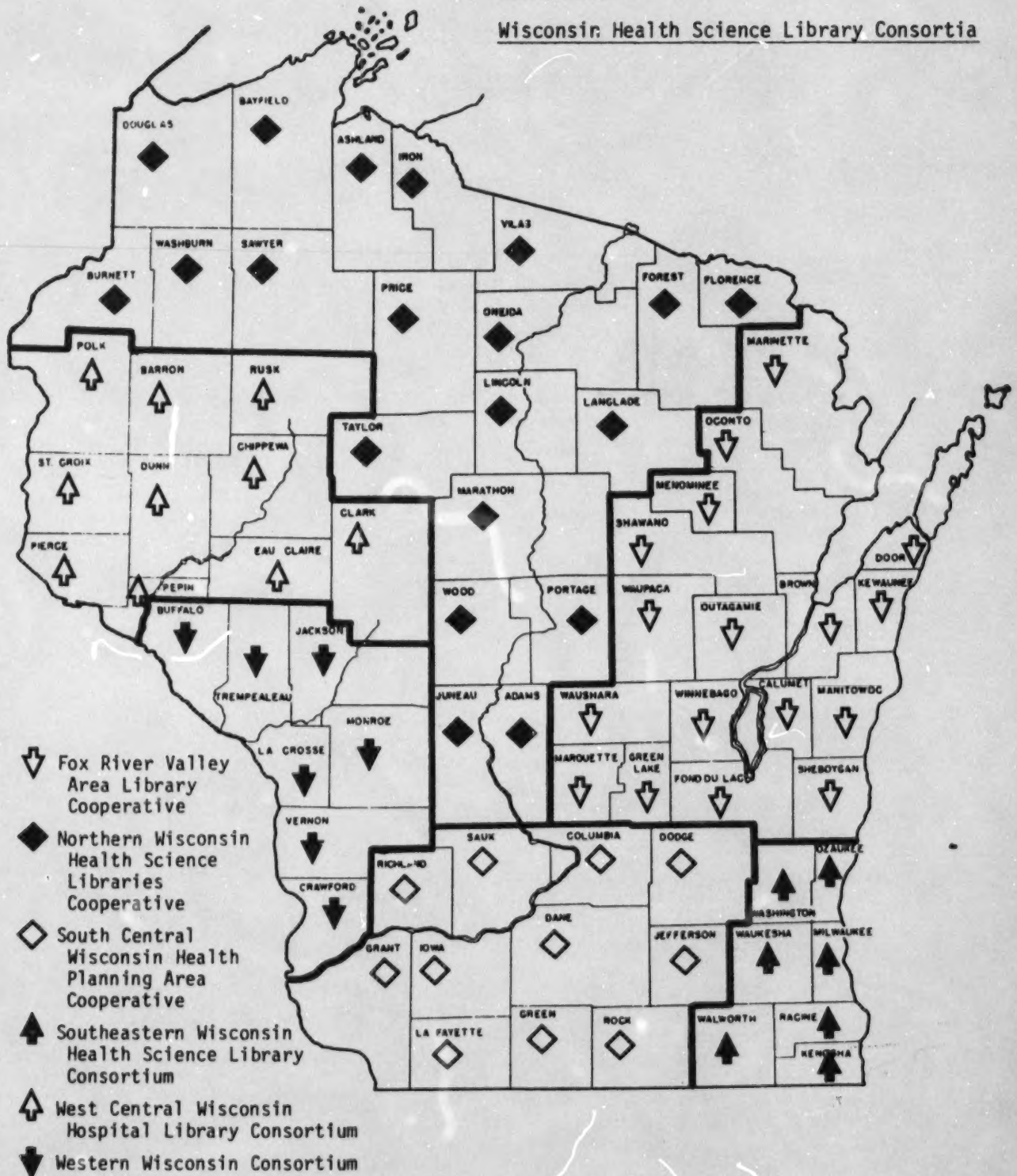
WESTERN WISCONSIN CONSORTIUM

Adams County Memorial Hospital
Black River Falls Memorial Hospital
LaCrosse Lutheran Hospital
Prairie Du Chien Memorial Hospital
St. Francis Hospital
St. Joseph's Hospital
St. Joseph's Memorial Hospital
St. Mary's Hospital
Tomah Memorial Hospital
Tri-County Memorial Hospital
Vernon Memorial Hospital
Veterans Administration Medical Center
Veterans Memorial Hospital

Friendship
Black River Falls
LaCrosse
Prairie Du Chien
LaCrosse
Arcadia
Hillsboro
Sparta
Tomah
Whitehall
Viroqua
Tomah
Waukon, IA

Appendix B

Wisconsin Health Science Library Consortia



Appendix C. Health Sciences Libraries: A Partial List
of Materials Used by the Council on Library and Network Development
Subcommittee on Medical/Hospital Library Aids.

Comprehensive Long-Range Program for Library Services: 1981-1986,
pp. 126-127, Scholars and Specialists. (Wis. Lib. Bull. 77
(3) Fall, 1981)

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SURVEY OF WISCONSIN HEALTH SCIENCES LIBRARIES A Summary Report March 1982

Health sciences libraries in Wisconsin come in many shapes and sizes. They range from the large academic libraries to a library in a 900 bed hospital; from the organizational library of Planned Parenthood to information centers in a biomedical engineering business; from the small rural hospital library to a nursing home collection. Each library is unique as it strives to meet the primary goals of each host organization.

There has been much growth in the field since the last complete survey was conducted 14 years ago. (1) Since that time the Medical Library Assistance Act was passed. This legislation provided funding through National Library of Medicine (NLM) grants and contracts which enhanced health science libraries in many ways. Partly through direct grants and partly through the Regional Medical Library program in Region 7 monies were used for consortium building incentives and the funding of state coordinators to encourage, consult, and oversee the establishment of libraries. Resource Improvement Grants from the National Library of Medicine continue to provide seed money to hospital libraries and developing consortia.

In the midwest Wisconsin was unique in consortium formation as it chose to use already established Health Systems Areas to divide the state. Anyone in those specific areas by adhering to the guidelines established by that area, had a "home" within a consortium. Standards mandated by the Joint Commission on Accreditation for Hospitals (JCAH) in 1978 (2) added more incentive for the formal organization of the professional library within a hospital setting, creating further interest in libraries in JCAH accredited hospitals. New businesses in the biomedical field began looking at the importance of information management. Long term care facilities with clientele often larger than that of their local hospitals began reaching out to the hospital library for support or started organizing their own materials and seeking out shared library services.

In 1980 the present State Coordinator with the concurrence of the members of the Wisconsin Health Sciences Library Network Council felt the importance of looking at the field again through a survey. The survey was to measure compliance with JCAH Standards for the professional library in JCAH accredited hospitals in the state. It was also to be a tool for the State

Council to use in its efforts to determine the status of health sciences libraries and librarians, and look at the need for consultants, membership in consortia, and membership in professional organizations. It was to also provide a means for comparing the resources, staffing, budgets and salaries among institutions of comparable size. Finally, it would be an attempt to identify organizations, businesses, and technical schools that had the potential for broadening the pool of health sciences information resources in the state.

The list for participants in the survey included hospitals in the AHA Guide to the Health Care Field, Wisconsin consortium membership, technical colleges or institutes that had health care related curricula, hospital school of nursing libraries, and businesses/organizations that participated in the Network particularly in the area of interlibrary loan.

Two hundred fifty three surveys were sent in January 1981. Responses were returned by April 1. Six were declared invalid because of duplication or defunct organizations. One hundred fifty seven were completed with a return rate of 63%. The breakdown of the returns is as recorded in Table 1.

Table 1		
Rate of Return		
I Hospitals/Long Term Care		
198 sent	130 returned	65.6%
Mailed directly to identified manager, librarian or library		
147 sent	109 returned	74%
Mailed directly to administration		
51 sent	21 returned	41%
II Organizations/Businesses		
34 sent	14 returned	41%
III Technical College/Institutes		
15 sent	13 returned	86%
Total	247 sent	157 returned
		63%

A high return was not expected from the business group. It was included in order to identify where there were developed collections within that segment.

Over 24,000 pieces of data were collected. This would have been almost impossible to manage without the assistance of a special project person Mary Boyle who inputted the data into an APPLE II+ microcomputer using the Visicalc program.

The data were divided into various segments, and computer files were created to accommodate compatible groupings of libraries. The bed size breakdown for the hospitals was arbitrary, but necessary to equalized the data for the computer. There is a question as to whether bed size is the best way to create comparative data since bed size does not reflect programmatic differences within size categories, but comparable programs were difficult to ascertain therefore the decision to use bed size. In a few tables bed size is further broken down to allow for comparison with a similiar survey conducted in Massachusetts.(3)

Several things to remember when reading the tables are: first, not every respondent answered every question therefore the number of responses vary on many of the tables; secondly, some of the tables make use of the statistical terms range, median and mean. The range is obviously the low and high figures on either end of the spectrum. The mean is synonymous with the average, and median is the midpoint in a list of all of the answers arranged in numerical order. To further assist you in interpreting the tables in the light of your own situation, information in Table 2 indicates the files established and the rate of return within those categories.

Table 2 Computer Data Files			
File Name	# in Wisconsin	# returned	Per cent returned
300+ Beds	30	30	100% (includes 3 VA Hospitals)
180-299 Beds	23	21	91%
100-179 Beds	40	33	82.5%
25-99 beds	61	30	49.1%
Special		9	
(This category includes special hospitals, and special academic settings)			
Business/organizations		17	
Technical Institutes/Colleges		12	
Total number of returns in computer files		152 (Some surveys were returned unanswered)	

It became apparent while drafting this summary report that some segments of the survey population would not fit the pattern of the rest of the data, because the structure, primary service clientele, and meaningful statistics were so different. It was then the decision to draft a second summary for the technical colleges. The libraries in the categories of "special libraries and businesses" and "institutions/hospitals" all fall into the general category of being special libraries. They share many goals, staffing patterns, and other characteristics. The need to analyze the data relating to JCAH Standards and the concentration of health sciences libraries in hospitals give a strong emphasis in this summary to that segment. The category "special" was the most difficult to analyze for each library is unique and therefore provided little comparable data. They were

included in tables when the data seemed to be comparable. Simultaneously showing the diversity and similarity between groups of libraries without falsely categorizing respondents is difficult. However this summary report to the health sciences librarians in the state is an attempt to do so.

GENERAL LIBRARY INFORMATION FROM THE HOSPITAL AND SPECIAL SECTOR

Presence of Libraries

All responding hospitals in the 300+ bed category have organized libraries. This is also true in the 180-299 bed category for all but one; in the 100-179 for all but three; and in the 25-99 bed setting for all but five. Keep in mind the number of non-responses to the survey as indicated in each category in Table 2. A "non response" does not necessarily indicate the lack of a library, although in many situations that is the case. From this point on all data will apply to only the respondents not to all Wisconsin health science libraries in that category.

Hospital Organization Structure

The largest number of hospitals find themselves under the direction of an associate or assistant vice president. For libraries in the large hospitals this is most often the case. The next largest number are under the education department with all categories evenly represented. The medical records department supervises the next grouping with only one 300+ hospital in that supervisory area. A higher percent of libraries in the 25-99 bed group find themselves within the MR department than any other grouping. Nursing follows as the next largest supervising unit. Other departments mentioned in one or two instances were the outreach or community service department, laboratory science, personnel, and patient care.

Policies and Procedures

One of the two major JCAH standards states that "the provision of professional library services shall be guided by written policies and procedures". (4) Table 3 tabulates the libraries that responded to the policies and procedures question.

Table 3
Policies and Procedures

Category	#Reporting	Yes	%	No	%
300+ beds	29	29	100	0	0
180-299	19	14	73.6	5	26.4
100-179	28	25	89	3	11
25-99	26	22	85	4	15
Special	9	8	89	1	11
Total	111	98	88.3	13	11.7

The number of reporting Wisconsin libraries who have policies and procedures, 98 or 88.3% was higher than the 78% reported in the Massachusetts survey.(5)

Library Committees

JCAH Standards state "When a library committee exists...", (6) leaving the decision of whether to create such a committee as an option. Library committees are important to provide support, communication and creative ideas, however it is the contention of some librarians that when none of those things happen or if there is enough power in the unit itself and sufficient support among staff members then a library committee can be cumbersome and can impede progress. Wisconsin statistics in Table 4 show library committees to be the rule rather than the exception.

Table 4
Library Committees

Category	# reporting	Yes	%	No	%
300+ beds	28	23	82	5	18
180-299	20	17	85	3	15
100-179	31	26	84	5	16
25-99	27	22	81	5	19
Special	9	5	56	4	44
Total	115	93	80.8	22	19.2

Of the libraries that reported on the composition of their library committees, ten committees were composed of medical staff only. Forty nine were multidisciplinary. JCAH Standards does state that if there is a library committee it should be representative of all staff members.(7) That is the most imperative of the library committee statements in the Standards. Most library committees are appointed, while 10 committees were composed of volunteers.

LIBRARY PERSONNEL

The Library Staff

Staffing patterns vary greatly. The most valid opportunity to compare was within the hospital setting, where categories of bed size correlated well with staff size. Table 5 gives the number of FTE employees. Since this data were gathered in February 1981 some changes have already taken place. Currently hospital libraries are finding the personnel area the most vulnerable in terms of budget cuts. Several 400+ bed hospitals have lost support staff. The ancient idea and outdated of a library being a repository of books again raises its ugly head in this age of incredible advances in information flow. On the positive side some settings are adding new staff as they discover the importance of good library services in providing the best in patient care, educational resources, and research support. One of the large hospitals has just hired its first librarian in a number of years.

Table 5

Category	#Rept	No Libn	.25-.49	.5-.9	1-1.9	2-2.9	3-3.9	4-4.9	4.9+
25-99 beds	31	5	21	5					
100-179	33	2	17	12		2			
180-299	21	1	7	6	4	2	1		
300-399	13		1	1	8	2	1		
400+	17		1		7	4	1	3	1
Sub total	115	8	47	24	19	10	3	3	1
Special	9				5	2			1
Businesses/ Organiz.	17	6	3	2	2	1			1
Total	141	14	50	26	26	13	3	3	3

Education Background

In examining the educational background of the state health sciences librarians and library managers, there is one thread that links all levels of staff in the hospital, business, and special libraries. That thread is the importance of UW-Extension, Communication's course A51 Basic Management for Health Sciences Librarians offered on the Educational Telephone Network (ETN). Fifty-five people, with educational backgrounds ranging from an MLS degree to no library training, reported in the survey that they participated in that course. Examination of other facets of educational experience reveals that persons with an MLS degree quite expectedly found themselves in the larger libraries.

Table 6
MLS Degrees

Category	# Personnel Reptng	#MLS Degrees
25-99	30	1
100-179	33	8
180-299	21	8
300+	30	29
Special	9	6
Business	17	11
	140	63

Some of the libraries have more than one staff person with an MLS degree. The librarians at MCW and Middleton are not included in these figures.

Professional Organizations

Table 7 indicates the organizational affiliations of the responding health science librarians and library managers.

Table 7

Category	Personnel Reporting	Professional Organizations						
		None	WHSLA	MC/MLA	MLA	WLA	ALA	SLA
25-99	25	18(32%)	8(32%)	4(16%)	3(12%)	1(4%)	0	0
100-179	32	14(32%)	18(56%)	9(28%)	4(12%)	4(12%)	1(3%)	0
180-299	21	8(30%)	12(57%)	6(28%)	6(28%)	0	0	2(9%)
300+	29	0	27(93%)	25(86%)	21(72%)	14(48%)	3(10%)	4(13%)
Special	9	0	7(77%)	5(55%)	4(44%)	4(44%)	2(22%)	2(22%)
Business	16	7(44%)	4(25%)	1(6%)	2(12%)	5(31%)	1(6%)	2(12%)
Total (%)	132	47(36)	76(57)	50(37)	40(30)	28(21)	7(5)	10(13)

Continuing Education Activities

Results of the survey are consistent with the general notion that continuing education activities are as varied as the courses offered, but most continuing education activities within the past five years as surveyed, stay within the framework of health sciences oriented programming, namely ETN Seminars; MLA - CE's at WHSLA meetings, MC/MLA, MLA annual meeting and ETN's; WHSLA half day courses; and consortium organized educational activities. The survey showed that fewer librarians go to the Medical Library Association (MLA) annual meeting for MLA-CE's than enroll in MLA courses offered either at WHSLA meetings, ETN's or Midwest Chapter Meeting of MLA. In the larger hospital settings in-house management courses have become more important in recent years.

Librarian's Committee Activity within Institutions

Many of the librarians in the larger setting hold committee responsibilities within the institution. These librarians serve on education, video, in-service curriculum, patient education, and medical education committees. In the smaller setting many librarian/library managers hold dual work related responsibilities. Their committee work outside those responsibilities are limited.

LIBRARY SERVICES

JCAH Standards in its primary statement indicate that library services should "meet the needs of medical and hospital staffs"(8). Of the one hundred and fourteen reporting hospital units, one reported that the library was for M. D.'s only, one listed physicians and nurses, and one indicated the library was for nurses, physicians, and the administration. This clearly shows that libraries within hospitals in Wisconsin are not closed units.

Because of our need in the future to look for mutual support both within the health sciences library field and the public library field, the survey attempted to show how many library services were open to people other than those in their institution, organization or business. The results are not entirely clear since some responses interpreted "other than the institution" to include patients. Table 8 illustrates this response.

Table 8
Libraries Open to People Outside their Institution

Category	# Reporting	No response	%	Yes	%	No	%
25-99 beds	30	4	13.3	12	40	14	46.6
100-179	33	2	6	19	57.5	12	36.7
180-299	21	0	-	16	76.2	5	43.8
300+	30	1	3.3	21	70	8	26.6
Special	9	0	-	9	100		
Business	17	6	35.2	7	41	4	23.5
Total (%)	140	13	(9.29)	84	(60)	43	(30.7)

Library Hours

Table 9 illustrates the total hours per week the libraries are staffed. Here again is a strong correlation between hours open and size of hospital.

Table 9
Hours Library is Staffed Per Week

# of Beds	# Reporting	Not Staffed	1-19	20-39	40-45	45-50	69-85
25-99	22	8	7	4	3		
100-179	26	5	7	7	7		
180-299	19	2	2	6	8		1
300-399	17			1	9	7	
400+	16			1	6	4	5
Total	100	15	16	19	33	11	6

Computer Searching

According to the January 1, 1982 figures from the MHS LN Management office there are 35 MEDLINE centers in Wisconsin. Eight are in academic settings, twenty four are in hospitals, three are in corporations. Most of the state is covered by either consortium agreements, individual agreements, or the resource libraries. In one consortium two centers conduct free MEDLINE searching for all the small hospitals within that consortium. Both Todd Wehr Library and Middleton Health Sciences Library do computer data base searching for units in data bases not covered by consortium or local back-up agreements.

At the time of this survey, January 1981, only one MEDLINE center in a hospital setting charged its own staff for searches. The cost at that time to non-staff averaged \$3.89 and ranged from 0.00 to \$7.00. In some libraries the exact on-line charges were assessed non-staff users. Only one hospital library uses the Lockheed data base and one has BRS, with the Resource libraries having BRS, Lockheed, and MEDLARS.

LIBRARY MATERIALS

"The hospital should be able to provide information concerning library resources located within departments"(9)—so reads the JCAH standards. Table 10 indicates the response to the query of whether the library has a record of library materials in various departments throughout the hospital.

Table 10
Centralized Record of Holdings

# beds	# reporting	Yes	%	No	%
25-99	28	21	75	7	25
100-179	30	17	57	13	43
168-299	20	14	70	6	30
300+	29	21	72	8	28
Total (%)	97	63	(64.9)	34	(53.1)

It appears that the libraries in the smallest hospital by virtue of the smaller collections of resources have more centralized materials location while libraries in the large institutions may use more sophisticated organizational methods. The mid range libraries need to work on this aspect of library management.

Book and Serials Holdings

Tables 11 and 13 show the holdings of the libraries in terms of books and currently owned journal titles as of January 1, 1981. Comparable tables from the Massachusetts survey are included to provide additional means of comparison. Wisconsin shows larger serial holdings with Massachusetts showing larger monograph collections. The bed size in these comparisons is not quite consistent, due to the original organization of the data.

Table 11
Journal Titles Currently Received -- Wisconsin

# Beds	# Reporting	Range	Median	Mean
25-99	23	0-75	21	25
100-179	30	6-187	43	54
180-299	18	25-306	97	102
300-399	11	41-403	210	219
400+	18	65-877	230	276

Table 12 (10)
Number of Journal Titles --Massachusetts

# Beds	# of replies	Range	Median	Mean
0-99	3	20-34	25	26
100-199	13	5-150	42	53
200-299	14	2-274	85	89
300-399	15	31-306	150	166
400-499	4	150-250	182	186

Table 13

Book Collection -- Wisconsin				
# Beds	# Reporting	Range	Median	Mean
25-99	23	0-459	153	183
100-179	30	20-3000	275	554
180-299	18	300-2668	651	854
300-399	11	250-5250	1717	1990
400+	18	340-1891	2500	4064

Table 14 (11)

Number of Books -- Massachusetts				
# Beds	# of replies	Range	Median	Mean
0-99	16	30-6966	255	782
100-179	29	91-4316	465	745
180-299	19	104-3730	600	959
300-399	17	160-7000	1600	2191
400+	4	2350-7000	3200	3937

Literature Indexes

It is interesting to compare the indexes acquired in the smaller library collections with those held by libraries in the larger settings. The category of 25-99 beds finds Abridged Index Medicus and Hospital Literature Index most needed. The next category, 100-199 adds Cumulated Index to the Nursing and Allied Health Literature with a few libraries receiving Cumulated Index Medicus. In the 180-299 grouping more add Index Medicus and Current Catalog, many less use Abridged Index Medicus. In the largest category-300+, almost all receive Cumulated Index Medicus. Many also hold monthly Index Medicus and the standard nursing and Hospital Literature indexes. Other indexes added in the 180-299 and 300+ categories include Business Periodicals Index, Dental Literature Index, Abstracts of Health Care Management, MEDOC, and NLM Audiovisual Catalog. One library receives Science Citation Index.

Audiovisual Materials

Table 15 and Table 16 give statistics on AV materials. They are not compatible since some respondents indicated the AV holdings which were not housed within the library.

Table 15

Number of Libraries Housing Audiovisuals					
Category	# reporting	AV Software Only	AV Hardware Only	Both	Neither
25-99	26	4	2	2	18
100-179	30	7	1	5	17
180-299	16	1	1	4	10
300+	29	4	1	6	18
Total (%)	101	16 (15.8)	5 (4.9)	17 (16.8)	63 (62.3)

Table 16
Audiovisual Holdings

Category	# Hospitals Rept AV Holdings	Range	Median	Mean
25-99	5	8-200	13	73
100-179	11	5-400	43	115
180-299	9	8-1458	61	329
300+	18	2-2658	300	420

Although it appears that our small libraries are barely represented, the survey does not show that some small libraries are linked by shared services AV consortia, particularly around Luther Hospital-Eau Claire and Bellin Memorial Hospital-Green Bay. There is little consistency as to whether AV's are loaned either outside the AV consortium or the local setting. At a future time a list of libraries willing to lend AV's will be included in the Newsletter.

LIBRARY SPACE

Library space is a precious commodity. It must compete with all space requirements within an institution. If additions are planned the library must be involved in the planning process from the beginning to insure that sufficient space appropriate for library use will be there for the library. Table 17 shows contiguous square feet for Wisconsin libraries, while Table 18 provides information from the Massachusetts survey. The Massachusetts survey did not indicate whether its information was for total square footage or only contiguous area.

Table 17
Contiguous Square Footage

Category	#Rept	50-249	250-499	500-999	1000-1499	1500-2499	2500-4999	5000+
25-99	18	9	7	1				
100-180	25	8	12	4	2			
180-299	15	3	4	3	2	2	1	
300-399	10			2	5		3	
400+	14			1	3	4	5	1
Special	6		2	1		1		2
Business	12	4	3	2	1	2		

Table 18(12)
Square Footage Massachusetts Libraries

Category	#Rept	50-249	250-499	500-999	1000-1499	1500-2499	2500-4999	5000+
0-99	9	3	4	1		1		
100-199	18	1	5	8	1	3		
200-299	18	1	5	8	1	3		
300-399	18	2	2	4	2	5	2	1
400-499	4				2	1	1	

BUDGETS

Several budget sections will be summarized in this report. Book and serials will be combined because a number of libraries presented combined figures. Table 20 will show librarian/library managers education and travel budget. Finally a table indicating comparative complete budgets will be included. This section does not include personnel figures.

Not all libraries have budgets. In the 300+ category, only one library reported no budget; 10 of 29 reporting were supported entirely by budgeted funds. In the 180-299 category, 7 of the 19 had no library budget while six others operated solely on budgetary funds. The 100-180 group had 12 of the 30 reporting the lack of a library budget. In the 25-99 range, of the 25 reporting nine had no budget. Libraries in all categories that need additional funds relied for the most part on medical staff dues. Other funding sources were endowments, trust funds, and gifts.

Table 19
Book and Serials Budget

# Beds	# Reporting	Range	Median	Mean
25-99	19	\$12-4166	\$645	\$955
100-179	19	\$285-8500	\$1050	\$1726
180-299	10	\$1231-19200	\$2742	\$5663
300-399	9	\$475-32500	\$9000	\$10144
400+	14	\$1493-58400	\$9400	\$16749

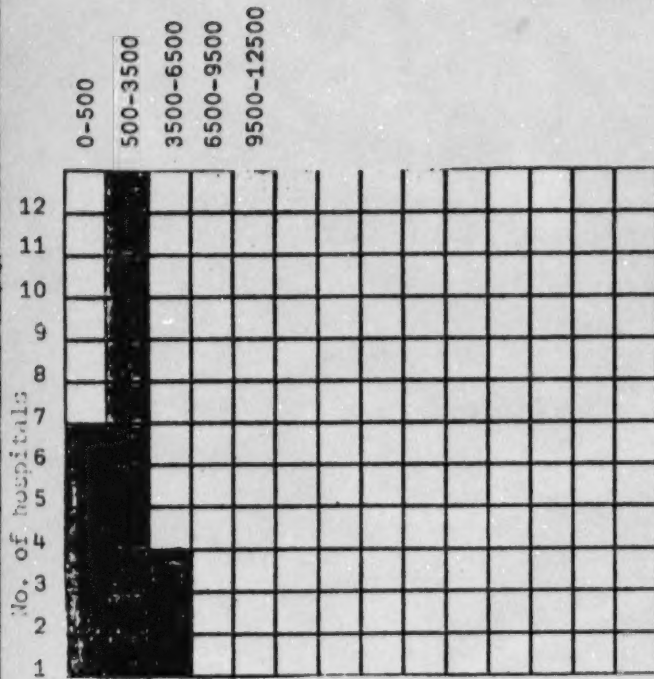
Table 20
Staff Travel and Education

# Beds	# Reporting	Range	Median	Mean
25-99	11	\$40-280	\$70	\$104
100-179	7	\$95-1607	\$290	\$418
180-299	8	\$75-1100	\$250	\$382
300-399	7	\$150-1259	\$500	\$543
400+	11	\$75-1300	\$494	\$520

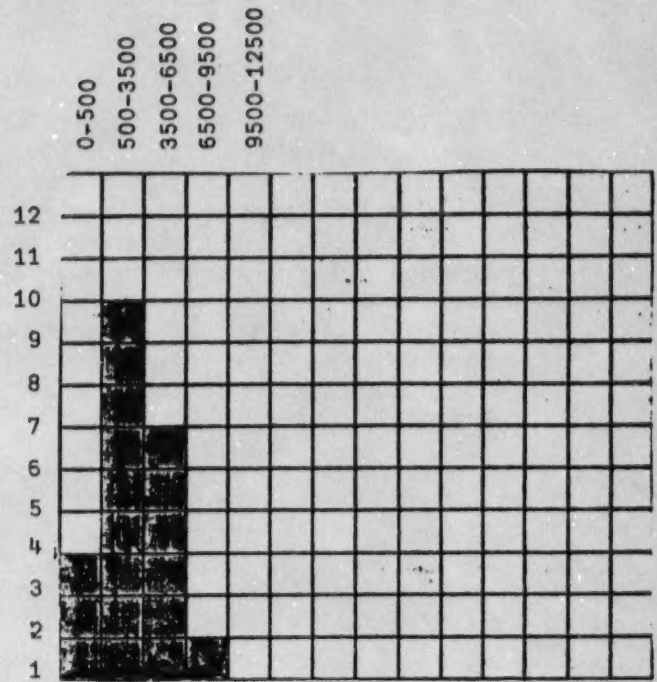
Table 21
Total Budget (Excluding Salaries)

# Beds	# Reporting	Range	Median	Mean
25-99	12	\$12-5567	\$889	\$1527
100-179	20	\$297-13186	\$2657	\$3431
180-299	10	\$2575-30100	\$4072	\$9115
300-399	9	\$836-38650	\$10567	\$14094
400+	14	\$3412-71600	\$12361	\$39404

The wide ranges in the budgetary figures are the result of a number of factors. Among them are variations in an institutions commitment to information services and management, the management style of the librarian, the dual role of the library in some institutions as audiovisual centers and libraries, and special marketing projects of the library.

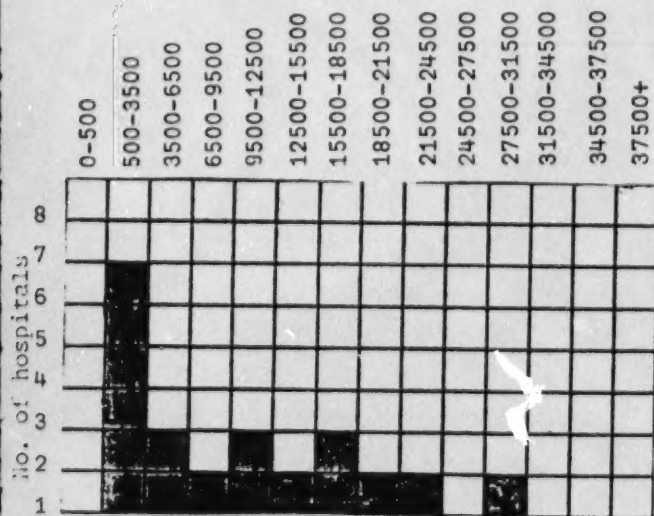


25-99 Bed Hospitals

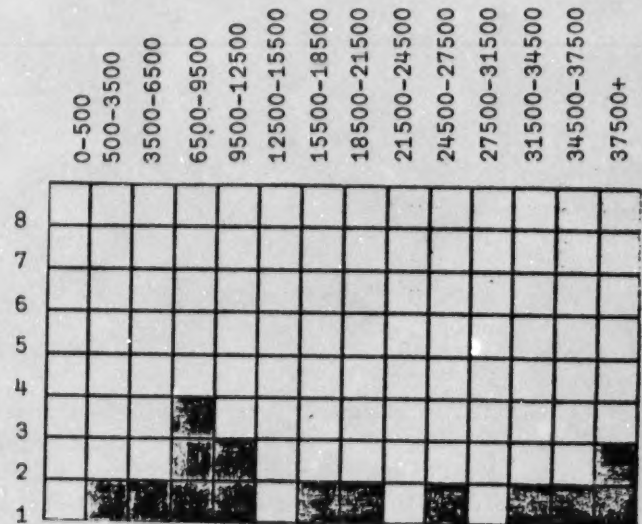


100-179 Bed Hospitals

No. of dollars



180 - 399 Bed Hospitals



400+ Bed Hospitals

Figure 1
TOTAL BUDGET EXPENDITURES FOR HOSPITAL LIBRARIES

SALARIES - HEALTH SCIENCES LIBRARIANS

In the smaller setting people are most often salaried for another position, thereby making it difficult to isolate librarian's salaries. The small amount of salary data received for the 25-99 bed and 100- 179 bed hospitals make it necessary to place those two usual categories into one category in Table 22. Some units did not respond to this segment of the questionnaire due to confidentiality of institution records. One of the variables not included in Table 22 is the experience factor. These are generally 1979-80 figures with some 1980-81 salaries.

Table 22
Wisconsin Health Sciences Librarian Salaries

Category	# Rept	Full Time		# Rept	Part Time	
		Range	Mean		Range	Mean
25-179	6	\$11564-16800	\$14584	10	\$936-9572	\$5784
180-299	7	\$11419-20800	\$16196	3	\$5562-7170	\$6478
300+	18	\$13000-30000	\$19113	3	\$8000-9880	\$9126

Full Time Distribution

Category	#Rept	\$11000-13999	\$14000-16999	\$17000-19999	\$20000-22999	\$23000+
25-179	6	3		3		
180-299	7	3		3	1	
300+	18	1	5	4	5	3

Part Time Distribution

Category	#Rept	\$500-999	\$1000-4999	\$5000-7999	\$8000-9999
25-179	10	1	3	2	4
180-299	3			3	
300+	3				3

These figures represent the salaries of the head person in the library. Contact the Coordinator for information concerning multiple staff salaries. The data are not voluminous but may be helpful.

INTERLIBRARY ACTIVITIES

Most interlibrary activities are directed at sharing resources ranging from material resources to personal expertise. One of the major activities of interlibrary cooperation is the interlibrary loan program. This program includes a large volume of material sharing within consortia and growing traffic between consortia in the state. This survey did not attempt to measure that activity for statistics are gathered through the regional network.

Much of the interlibrary loan work is carried on within the consortia which are the focal points for interlibrary activities within the state. As indicated earlier in the survey Wisconsin designed its consortia early in the 70's according to the six HSA's. Each library within those geographical regions had the potential for being a member of its local consortium if it complied with the guidelines or by-laws of that particular area. The structure and requirements for membership vary among the present six consortia in the state.

Table 23
Consortium Membership

Category	# Reporting	Yes	%	No	%
25-99	27	22	81	5	19
100-179	32	25	78	7	22
180-299	21	16	76	5	24
300+	33	30	91	3	9
Special	9	6	66	3	33
Business	12	5	42	7	58
Technical Schools	12	8	66	4	33
	146	112	76.7	34	23.3

There was no place on the survey that gave respondents an opportunity to state reasons for non-participation in a consortium. That might have been helpful for future planning. Most surveyed libraries are Midwest Health Sciences Library Network members. Many belong to multi-type organizations and the larger or unique libraries are active within public library systems.

CONSULTANTS PROGRAMS AND GRANTS

Since 1969 health sciences libraries in Wisconsin have received support and assistance through consultants from both resource libraries and the consortia. The survey covered the use of consultants, who served as consultants, and whether there was any future need for consulting.

Table 24
Consultants

Category	Consultant used					Who served			Future need	
	#Rept	Yes	%	No	%	#Rept	State	Coord	Other	Yes
25-99	27	20	74	7	26	16	4		12	11
100-179	32	25	78	7	22	10	10		3	7
180-299	21	16	76	5	24	11	10		1	1
300+	29	9	31	20	69	8	7		1	1
Special	9	2	22	7	77	0				
	118	72	61	46	39	45	31		27	20

Several of Wisconsin's Health Science Libraries have received grants. The special library category ranked the highest among the categories of libraries receiving grants. The granting agencies varied from LSCA grants to private foundations.

In the institution setting, LSCA, VA and NLM Resource Improvement Grants were most prevalent. The most recent NLM Resource Improvement Grant went to Eagle River Memorial Hospital in 1981. Luther Hospital Eau Claire received an LSCA grant in 1980 for consumer health information. In the particular categories, among the 300+ grouping six applied for NLM grants, six were awarded and two VA grants were awarded. In the 180-299 category three applied for NLM grants and two were awarded; one library applied for an LSCA grant and one was awarded. In the 100-179 group five applied for NLM grants and four were awarded, in the 25-99 category five NLM grants were written and three were awarded. In several of the cases, libraries had NLM grants approved but they were not awarded due to a low priority rating.

COPYRIGHT LAW

The survey asked the librarians to comment on the impact the copyright law had on their library. There were approximately 29 responses to this question. These responses came from all levels of libraries with the two largest categories and the special group providing the highest percent of responses. By the very nature of the interlibrary loan traffic the largest libraries felt the impact most keenly.

Several person listed positive effects of the law. Some of those responses were that it helped justify the addition of new titles to the collection as well as make the librarian more aware of the varied needs of their particular staff. It also allowed people to have a more stable evaluative tool for collection development.

The added time needed for staff to keep records was the negative impact most consistently reported. When budgets are tight people feel that it was a disadvantage to have to add titles under the CONTU guidelines, which indicate that libraries should not borrow more than five articles from one title within a years time for journal issues newer than five years. Librarians must also contend with the irritations of the hospital staff when they must fill out forms for in-house copying by the library staff. The libraries that have reserve collections for students find it time consuming to receive permission for multiple copying for those collections.

JCAH VISITATION AND COMPLIANCE

Wisconsin has 18 hospitals which do not comply with JCAH Standards. Of the 18, nine responded to the survey. Five have libraries and four do not. The State Code H24.11 indicates that Wisconsin hospitals should have library materials. That code does not mandate services.

As indicated earlier JCAH standards assist in moving library services into those JCAH accredited institutions. MLA News, No. 127, September 1980 indicated that guidelines were now being given to JCAH surveyors to help them adequately evaluate library services. Our survey asked the respondents to indicate whether the surveyors visited their library during the last JCAH accreditation visit. Table 25 indicates this response.

Category	JCAH Visitation of the Hospital				
	# Reporting	Yes	%	No	%
25-99	22	14	68	8	32
100-179	26	20	76	6	23
180-299	16	15	94	1	6
300+	28	20	71	8	28
Total	92	69	75	23	25

SUMMARY

Although much of the state's concern about library development has focused on the smaller units, this survey makes it quite clear that there are large variances within each category, large or small. That variance falls heavy on the two mid range groupings. The survey shows that staffing and budget resources need to be evaluated. Also important for cost efficiency is the need for those units who do not have a centralized listing of departmental materials to work on this standard. That is somewhat of a dichotomy for it does take additional staff time to accomplish that task but in the long view it will serve the institution well.

Survey response indicates further need for consultation to the hospitals. Other indicators show that long term care facilities would also benefit from a consultancy program. Finally these same persons may need to be potentially available to assist medically oriented businesses to do information organization within its walls as it attempts to make use of the biomedical network for the sharing of information.

In spite of the current economic times, the growth of information resources and the speed at which changes are made in the field of medicine will not slow down. Health care professionals and the general public need the support of good library services wherever they are in the state.

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